



Debtor 1

Andrea Wilson

First Name

Middle Name

Last Name

Case number (if known) 17-72848

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 3,500.00	\$ 2,500.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 900.00	\$ 950.00
5b. Mandatory contributions for retirement plans	5b. \$	\$
5c. Voluntary contributions for retirement plans	5c. \$	\$
5d. Required repayments of retirement fund loans	5d. \$	\$
5e. Insurance	5e. \$	\$
5f. Domestic support obligations	5f. \$	\$
5g. Union dues	5g. \$	\$
5h. Other deductions. Specify: _____	5h. + \$	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 900.00	\$ 950.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,400.00	\$ 1,550.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$
8b. Interest and dividends	8b. \$	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$
8d. Unemployment compensation	8d. \$	\$
8e. Social Security	8e. \$	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$	\$
8g. Pension or retirement income	8g. \$	\$
8h. Other monthly income. Specify: _____	8h. + \$	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 2,400.00	\$ 1,550.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,400.00 +	\$ 1,500.00 = \$ 3,900.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 3,900.00 <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		